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Valle, Andréia Rodrigues Moura da Costa; Andrade, Denise de

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INTEGRATIVE REVIEW OF THE LITERATURE

Nursing care at home: a critical look at the scientific

Assistência de enfermagem no domicílio: um olhar crítico sobre a produção científica

Cuidados de enfermería en el hogar: una mirada crítica a la comunidad científica

Andréia Rodrigues Moura da Costa Valle¹, Denise de Andrade²

ABSTRACT

Objective: To analyze the scientific literature on the nursing care at home in order to determine the topics of interest. **Method:** Integrative literature. For the selection of items we used the databases MEDLINE, LILACS, CINAHL and Cochrane, using the keywords: "home care", "nursing" and similar in English and temporal limitation from January 2009 to May 2013. It involved 277 articles of which 187 were selected. **Results:** The highlights were descriptive studies, with 65.8% of the publications and the year 2010 with the highest number of articles published. The subjects were classified into four areas related to nursing home care: patients in special clinical conditions, categories and services; practical, legal and teaching. **Conclusion:** It is inferred, which are incipient research and tools to drive the provision of nursing care at home, especially those related to infection control. **Descriptors:** Home care, Nursing, Care.

RESUMO

Objetivo: Analisar a produção científica sobre a assistência de enfermagem no domicílio com o intuito de determinar as temáticas de interesse. **Método:** Revisão integrativa da literatura. Para a seleção dos artigos utilizaram-se as bases de dados MEDLINE, LILACS, CINAHL e COCHRANE, utilizando-se os descritores: "assistência domiciliar"; "enfermagem" e similares em inglês, e limitação temporal de janeiro de 2009 a maio de 2013. A produção envolveu 277 artigos dos quais, selecionou-se 187. **Resultados:** Destacaram-se os estudos descritivos, com 65,8% das publicações e o ano de 2010 com o maior número de artigos publicados. Os temas foram classificados em quatro áreas relacionadas a assistência domiciliar de enfermagem: pacientes em condições clínicas especiais; categorias e serviços; prática; aspectos legais e de ensino. **Conclusão:** Infere-se, que ainda são incipientes as pesquisas e os instrumentos para conduzir a prestação de cuidados de enfermagem no domicílio, principalmente aquelas relacionadas ao controle de infecção. **Descritores:** Assistência domiciliar, Enfermagem, Cuidado.

RESUMEN

Objetivo: Analizar la literatura científica sobre los cuidados de enfermería en el hogar a fin de determinar los temas de interés. **Método:** Examen integradora de la literatura. Para la selección de los elementos que utilizamos las bases de datos MEDLINE, LILACS, CINAHL y Cochrane, utilizando las palabras clave: "atención domiciliar", "enfermera" y similares en la limitación Inglés y temporal de enero 2009 hasta mayo 2013. Se trataba de 277 artículos de los cuales se seleccionaron 187. **Resultados:** Los destaques fueron estudios descriptivos, con el 65,8% de las publicaciones y el año 2010 con el mayor número de artículos publicados. Los sujetos fueron clasificados en cuatro áreas relacionadas con la atención domiciliar de enfermería: pacientes en situaciones clínicas especiales, categorías y servicios, prácticas, jurídicas y la enseñanza. **Conclusión:** Se infiere, que son incipientes de investigación y herramientas para impulsar la prestación de los cuidados de enfermería en casa, especialmente las relacionadas con el control de infecciones. **Descriptores:** Cuidado del hogar, Enfermería, Cuidado.

¹ Registered Nurse, PhD in Sciences. Adjunct Professor of the Nursing Department, Federal University of Piauí (UFPI). Address: Rua Oeiras, 2210, Teresina (PI), CEP (Zip Code): 64018020. Telephone (86) 3215-5862. E-mail: andrearmcvalle@hotmail.com.

² Associate Professor at the University of São Paulo at Ribeirão Preto College of Nursing (EERP-USP). Coordinator of the Fundamental Nursing Program at EERP-USP. E-mail: dandrade@usp.br.

INTRODUCTION

Advances in the health sector and the change in the values that govern care in Brazil challenge the system itself in search of alternatives to improve its quality in line with the new demands. The incorporation of new technologies in care has enabled treatments, before available only in hospitals, to be administered in the home environment.¹

Furthermore, the population aging, the need for ensuring continuity of care and the high cost of hospital treatment show the need to consider new ways of working, new spaces and new forms of health care, including home care, and preparation for self-care, all of this incorporating the pre-existing knowledge in families and comunidades.²

In this context, home care (HC) emerges as a comprehensive health care model for users, corroborating with the principles and guidelines of public health policies, such as universal and uninterrupted access to quality services by linking the Family Health Strategy teams (FHS). This type of care is regulated, in the Unified Health System (SUS), by means of resolution no. 2416, from March 23, 1998, and the operation of the services that provide home care in Brazil by the resolution of the board of directors - RDC No. 11 of the National Health Surveillance Agency.^{3,4}

Home care involves the provision of health services for people at any age in their homes, carried out by specialized teams, or even by the FHS team in singular scenarios and contexts, with the purpose of promoting, treating and recovering health, thus involving activities ranging from education and prevention to rehabilitation and J. res.: fundam. care. online 2013.dec. 5(6):348-362

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maintenance of the health of people in the context of their residences. Because of the unique characteristics that it holds, HC stands out as a type of care that requires increased knowledge, skills and attitudes, directed at the individual, family and community.^{5,6,7}

Currently, mainly due to social and health needs of the population, nursing care is the issue at hand. Thus, the approach to care in the home environment is a big challenge for nurses, as it possesses characteristics in the work process that differ greatly from the hospital model, for which, in most cases, their professional training was directed. When entering this space, the professional is included in order to develop actions and especially interactions with the family, considering not only the health problems of the individual, but also observing other social factors (economic, educational and cultural) as well as resources available at home, such as domestic and peridomestic hygiene.^{8,9,10}

From this perspective, it is believed that HC has an “instituting power” to transform the practice of health care, especially in nursing, directing the construction of more hospitable care, marked by commitment and responsibility towards the health of individuals, and also by concern for the development of autonomy, so that they take ownership of different technologies to resolve or minimize health problems.¹¹

Considering the increasing dissemination of home care in Brazil, in view of the relevance of the topic of infection control at home for nurses and the shortage in the area of research that addresses it, it became desirable to develop a study with the objective of analyzing the scientific literature on nursing care at home, in general, in order to identify, among others, issues related to infection control in this setting.

METHODOLOGY

This is an integrative literature review based on publications indexed in the following databases: Electronic Medicus Index of the National Library of Medicine (MEDLINE), with access by Bireme, Latin American Caribbean Literature on Health Sciences (LILACS), Cumulative Index to Nursing and Allied Health Literature (CINAHL) and Cochrane Collaboration in the UK.

Inclusion criteria were: scientific articles published between January 2009 and May 2013 in the indexed journals of the aforementioned databases; publications addressing the aspect of nursing care in the home setting and productions in which the original language was: Portuguese or English. Exclusion criteria were: productions that were not scientific articles, before the determined period, articles that were not published in indexed journals (e.g. in newspapers), studies that did not address nursing home care or that were published in languages different from the above.

Data were collected by means of systematic consultation, via the Internet, of the electronic addresses for the aforementioned databases, using the following keywords: “home care”, “nursing” and “care” in Portuguese and English. The bibliographic search was conducted in May 2013. To record and document it, data were written to a file and later printed.

A total of 277 articles were identified, of which, after conducting a pre-analysis, 90 articles were excluded, because they were repeated in more than one database or did not address the issue of nursing home care. The distribution of the articles identified before and after the pre-analysis, according to the database to which they

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were indexed can be better viewed in the following table:

Table 1: Identified, excluded and selected articles, according to the database

Database	Identified articles	Excluded articles	Selected articles
LILACS	95	15	80
MEDLINE	67	58	9
CINAHL	60	0	60
COCHRANE	55	17	38
Total	277	90	187

Source: prepared by the authors, 2013.

RESULTS AND DISCUSSION

After selection of the 187 articles, their abstracts were read and analyzed, as this is a relevant number of publications. Most of the publications occurred in 2010 with 63 articles (33.7%), and in the current year (2013), only 5 (2.7%) publications were found. As for the original language of the publications, Portuguese stood out, with 132 articles (70.6%).

Regarding the type of study, the descriptive design stood out, with 123 (65.8%) publications, followed by experimental studies, with 25 (13.37%) publications; review studies, with 24 (12.83%) publications; reflections, reports of experience and case studies, which totaled 15 (8.0%) publications.

Initially, the authors proceeded to the first reading of the article abstracts and further classification according to the topics covered. At this first stage, it was possible to identify a total of 22 different topics. After the characterization of productions through a second reading of their

Valle, ARMC, Andrade, D. respective abstracts, 4 major areas were identified, which address aspects related to the categories encompassing all of the subjects initially identified.

The interest of researchers in the field of nursing by understanding the specifics of home care is growing, because scientific production appears with a considerable number, especially in Brazil, since most adopted Portuguese as the original language.

An important aspect to be highlighted is the type of study in the researches analyzed. Descriptive studies accounted for almost 66% of the articles, despite the development of agencies' sympathy for experimental studies. The nurses, whether due to the proximity of their object of study or work, perform descriptive research to explore several themes, including aspects related to the professional, to the clientele, and to home care services.

Another important aspect is the fact that most productions are linked to the theme of patients in special clinical conditions who receive nursing care, corroborating with the principles of health care in the home policy, which prioritizes care for users with limited mobility to care units, e.g., bedridden elderly patients, children, psychiatric patients or those with disabling chronic diseases.

Considering the characteristics of the studies analyzed, this research highlights the recurring themes of the analyzed articles on nursing home care. Initially, from the results presented in the studies, special clinical conditions were analyzed, for which nursing home care is provided, and then the services and categories; the practice, and legal and educational aspects of nursing home care.

Patients with special clinical conditions

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The first thematic category of this review study addresses the production of knowledge regarding nursing home care for patients in special clinical situations, such as children with chronic diseases, patients with mental disorders and bedridden elderly patients. The interpretation of the studies revealed the intention of the scholars in: 1- developing a proposal of care for children with chronic diseases from the difficulties faced in the home setting; 2- reporting the main difficulties of families and individuals with mental disorders identified during home visits; 3- describing the development process of the care plan for elderly bedridden patients and evaluating associated factors.

Regarding the difficulties with the family in caring for children with chronic diseases, in relation to the psycho-biological level, disbelief, rejection and being unprepared to cope with the disease make it difficult to understand the need of the child, as well as to adhere to the treatment against the chronic condition. On the psychosocial level, family routine is impaired by the demands of returning to the hospital and financial difficulties resulting from adherence to the treatment. On the spiritual level, the main difficulty is increased by the presence of feelings of anxiety and fear.¹²

In this sense, to direct the actions of care within the phases of the nursing process for patients with chronic diseases, whether they are children or not, it is possible to establish priorities, such as: actions to minimize anxiety, which can be achieved as the family is informed and understands how to deal with the disease; establishing a dialogic interaction with the family so that it understands the health-disease process and the necessary care at home to prevent complications, which should contribute to promote the autonomy of these subjects and to build ways to operate the

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care so they have integrity and humanization as guiding principles.¹²

As regards the patient with the mental disorder, ignorance on the part of the family regarding the symptoms and treatment of the disease, the patient's difficulties in achieving and maintaining employment, relationship conflicts, overload and lack of family support were the main difficulties identified in studies that addressed nursing care of patients with this disorder.

Regarding the nursing care of patients with mental disorders, studies point to home visits as an important strategy for consolidating the psychiatric reform in regards to this de-institutionalization and reintegration into the family and society. Knowing the family context allows to develop care that recognizes the possibilities and needs of each member and enables them to cope and adapt to life in face of the disorder.^{13,14,15}

Furthermore, it is essential that the professional training guides the nurse to the adoption of a different perspective, free of stigmas and prejudices that permeate the experience of the patient in the family and society, and the network of health care begins to support the family and patients with mental disorders, providing comprehensive and dignified care. Self-help groups also contribute to restore the dignity of the human being and constitute facilitating instruments in developing psychosocial rehabilitation strategies.¹⁵

Regarding bedridden elderly patients receiving care at home, the age group above 80 years of age stand out, as well as the presence of women among patients with manifestations of cardiovascular disease complications and cancer, and reduced functional capacity and autonomy. The role of primary caregiver is assumed by a relative, usually daughters and wives, with a low level of education and no specific training.^{16,17}

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It was again possible to identify difficulties related to the lack of information, among other generators of anxiety in the family of elderly bedridden patients, such as obtaining transportation to take them to health services. Nevertheless, the support of health professionals is crucial for families to maintain themselves capable of handling the daily demands of caring for these individuals.¹⁷

Regarding the nursing care plan for elderly bedridden patients at home, it must be related primarily to wound care, feeding tubes, tracheostomy maintenance, among other procedures. The preparation of a proposal for nursing care should include relevant aspects such as health education for family caregivers, continuing education, the system of care, the search for partnerships and strengthening inter-sectorial cooperation.^{17,18,19}

The challenges posed by the involvement of nursing in the live health work for patients in special clinical conditions require the staff to search for new strategies in work organization. These strategies should break with the biological model and medical focus, restricted to the physical area of the home setting. This citizen's commitment to care shows that only the technique is not sufficient to account for the right to quality of life and a dignified death. Internal educational practices of staff, allied with live work in action, favor the reconciliation of ethics and technique, reducing fragmentation and dichotomies of care from nursing staff and lay caregivers.

Home care services and categories

The elaboration of this theme was conducted from the analysis of studies with the

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aim was to investigate and describe the main services and categories of home care. The observation of the articles revealed the concern of the researchers in: 1- evaluating the instruments and categories of care at home, such as home visits, informal care and the application of care models; 2- to explain the experience of health services that perform home care, taking any indicators to evaluate the care provided.

The articles bring systematically developed concepts, which translate the organizational forms of professional and informal home care. The concepts of home care, also known as domiciliary care, stands out, constituting a set of activities with an ambulatory, continuous and scheduled character, performed in the home setting with the purpose of promoting, maintaining or restoring the health of the individual; home visits, understood as the care given by professional and/or health care staff in the customer's residence, in order to assess their needs, their families and the environment to construct a care plan.^{20,21} Domiciliary hospitalization is a more specific category, which involves the use of technological devices at home, according to the needs of each individual, being characterized by the permanence of the health team in the residence for at least four hours daily, with continuous monitoring.⁵ Informal care, which emerges from interpersonal relationships and builds on everyday family and social life, is performed by a member of the family group, friend or neighbor where the care is provided, who do not have specific training, or receive compensation for the help offered.^{22,23}

From the understanding of these concepts, narratives about the experiences of some home care services in health establish, as assessment criteria, the costs with material resources, such as diets and drugs and the ways in which public and private services are organized to institute change J. res.: fundam. care. online 2013.dec. 5(6):348-362

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in the health care model, believing that this form of care has the power for this transformation.^{24,25}

With considerations regarding the evaluation of home care, it can be observed that the research chose home visits as an important care strategy, as it allows the observation of the family context and the availability of resources in the community. Allied to the visits, the application of care models and approach to family instruments appear as ways of perceiving expressions of life and of health/disease presented by the individual and the family, because of the existing theoretical and instrumental void.¹⁹

The seizure of the expressions of life from informal caregivers becomes a difficult task for health professionals when academic training is limiting, i.e., he/she cannot extend their approach to the subject beyond the traditional clinical dimension.¹⁶ This dimension consists of a professional focus on the disease, based on expertise and techniques that do not value the individual as being capable of gaining knowledge to take care of themselves and interfering with the evolution of their health/disease process.

In order to be effective, home care demands professionals with a broader clinical perspective, who turn their sights on human beings and their subjectivities. Family involvement in the treatment of patients at home refers to the need to develop new forms of health care.¹⁹

Furthermore, attention must be paid to the design of human resources. Under these circumstances, nursing professionals in the implementation of home care and maintenance of quality stand out, considering that nursing work in the home context consists in caring for, helping to care for, guiding and directing. Their knowledge and experience of the situations allows them to know how to act. There is no way to predict a care routine due to the dynamics of each household.

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The capacity for constant upgrading, creativity and an interdisciplinary attitude are required from the professional.⁶

Allied to this rationalization of human resources, the restructuring of production is evident in the context of home care, by the ways and means of organizing care. Thus, the definition of the professionals who make up the home care team may signal an attempt to reduce spending. In this sense, in the different types of home care, the option for professionals with generalist training has been configured, such as nurses. This option, on the one hand, is justified because it presents training capable of performing multiple activities (management, supervision, procedures, identifying situations of risk or vulnerability, dialogical articulation with the family) and, on the other hand, because it represents a reduction in costs with the medical professional.²⁵

Considering these aspects, it is important that nurses know the actual care needs of their patients, from the determination of the degree of dependence, as regards the nursing team performance.²⁶ The nursing team performance is directly related to the adequacy of the professional's time of residence in the home, according to the needs of the patient/family.

The practice of nursing care in the home setting

The construction of this thematic category was based on the observation of the authors' interest of the studies analyzed to investigate the development of nursing home care. The analysis of the articles revealed the concern of the researchers in: 1- knowing what the nurses from the Family Health Strategy (FHS) in home care do, as well as the systematization of nursing home J. res.: fundam. care. online 2013.dec. 5(6):348-362

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care; 2- knowing the job satisfaction and the relationship between families and nurses in home care; 3- identifying criteria for the organization of nursing home care, such as scaling of human resources; 4- characterizing actions involving biological risk to the health team at home and proper waste management of the health service in this environment.

Regarding the nurses duties, the research revealed the home visit (HV) as a core activity for patient care in home care, including reporting it as the sole modality of care in that context. This reduced conception may imply in nursing practice only contemplating the biological dimension, not meeting the assumptions of health care recommended by the FHS model.¹⁰

Home visits provide an opportunity for learning the lifestyle of the patient and the environment and intra-family relationships, addressing issues that go beyond the physical disease and also considering the social and emotional problems, providing guidance more focused on the real health needs of the patient, and seeking singularities in the way of caring. When performing the HV, professionals use a different view of the process of people's illnesses, with greater approximation of the family and integration in care, the ability to visualize and understand the family context and interact in it.^{27,28}

In the FHS, the main actions developed in the HV are registering families, providing guidance, health surveillance and monitoring of clinical cases, as assessed by the health care team. Besides these actions, nurses seek to accommodate all users' demands, mainly related to chronic diseases of the elderly and needs of bedridden individuals. The main activities include: health education, drug therapy, enteral nutrition and guidelines for autonomy.¹⁰ The work of nurses in home care also

Valle, ARMC, Andrade, D. requires collaboration with other professionals, involvement with the multidisciplinary team, the exercise of activities in supervision, planning and leadership.²⁹

To provide adequate care at home, nurses must be able to assess the level of dependence of the individual, their limits and their potential so that they can identify their real needs. Within the FHS teams the importance of nursing care stands out, and although it is efficient and effective, it should be systematized through the nursing process, in which it represents the main methodological tool for systematic performance in the professional practice of nurses.³⁰

The Nursing Care System (NCS) consists of interdependent and interrelated phases, in which the collection and analysis of data and identification of possible nursing diagnoses occur, as well as planning the care to be provided, implementation of actions and/or intervention and evaluation of results. Thus, the use of NCS is a need that is perceived worldwide, in order to standardize the communication among professionals and improve the quality of care provided, enabling the provision of easy, feasible and more adequate care of the patient at home.³¹

The implementation of an effective care plan makes it possible to minimize the difficulties and dependencies of individuals receiving nursing care at home, leading them to conquer a better condition of health, and thus acquiring the minimum autonomy necessary for self-care and independence, at least in activities of daily living (ADL).

Regarding job satisfaction in working in home care, the most important component considered is obtaining autonomy, to confer greater professionalism and prestige in the occupation, supplying the individual need for social integration. Other factors are also related to job

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satisfaction, such as the fact that the work is during daytime, since the scale of night shifts and excessive bureaucratic activities of nurses are singled out as one of the drivers of dissatisfaction on the part of these professionals. Moreover, the choice of the workplace and the interaction with the health care team positively influence satisfaction and productivity at work.¹⁻³²

As regards the relationship between the nurse and the individual receiving care at home, the studies point to the value of the family as a fundamental attitude to establishing a relationship of trust. Complying with the combinations, sympathizing with conflicting situations encountered in the home and showing flexibility in the activities planned together with the family are important actions for the development of a positive relationship, which aims at, among other things, the maintenance of the user's health.⁹ In addition, other positive aspects are the result of interaction with professionals in the home setting. Among these, viewing the work of nurses, ensuring peace and security in the presence of nurses, being aided in times of urgency and being taught how to care.⁷

On family involvement in care and professional practice in health, research emphasizes the importance of family contribution to the work of nurses, assigning a co-participatory role. Nurses relate the presence of family members as being fundamental in their embracement during home care and the establishment linked, in which interactions between professionals, patients and families contribute to the establishment of long-term relationships, which facilitate effectiveness in health care.⁹

Regarding the organizational aspects of nursing home care, the research brings, in a systematic manner, the criteria adopted by managers and nurses for the design of the nursing

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staff, the identification of biological risks and the instruments used to ensure the safety of the professional during the service in this modality of health care.

The design of nursing human resources to work in home care must adopt criteria for the calculation of professionals, as it provides a major challenge for the management of care. The narratives about the experiences of some professionals who manage health care services at home establish design criteria such as: patient eligibility, time spent in care and professional competence profile. From these criteria it is possible to specify a path to build a design model for the nursing staff in home care, considering these stages: identification of average daily workload in home care; determining of the proportion of the professional nursing category; workload of the nursing staff and technical security index.⁶

Another important aspect to be discussed, and which emerged from the interest of some researchers, is the analysis of biological actions that involve risks to the health care team who perform home care, as well as the management of waste generated by this activity, which also comprises the practice of nursing in this context. It is crucial to note that only two articles presented results for this aspect of the topic, demonstrating that despite the growing interest of health professionals and researchers in understanding the specifics of home health care, scientific production is still incipient regarding the prevention and control of infection in the home environment.

Regarding the risks present in home care, according to researchers, professionals of the health care team are subject to exposure to biological material in mucosa, non-integral and percutaneous skin, as they also manipulate blood and sharps with greater frequency. Risk situations
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in the disposal and inadequate handling of sharps and blood, adherence to the use of gloves and goggles, hand hygiene should also be observed. Characteristics of the households, such as physical space, resources to accommodate the patient, which can facilitate or hinder the achievement of procedures and adherence to precautions, should be objects of study for nursing.²

When analyzing the management of health service waste (HSW) generated by care work in the homes ascribed to basic health care units, researchers point out inadequacies that are related to the inherent difficulties of the various characteristics of home care. By providing home care, the reverse logistics of the inputs offered should be considered, including waste arising from health care. These logistics are complex and involve qualification of the professional and the patient/family, physical structure and human and material resources, and also secure transport that are not covered by laws in force.³³

The waste generated at home results from the most commonly performed procedures in the home, such as: administration of medications, especially insulin, bandages, sanitization of the tracheostomy and exchange of enteral feeding; in addition to waste with sharps and contaminated materials that are also part of the HSW group generated by home care.³³

Under the current law, any institution generating waste must prepare a Plan for Health Services Waste Management (PHSWM) and, infectious, chemical and sharps waste must be packaged and collected by the service agents or by someone trained for the activity and sent on to the proper health establishment.³⁴

Facing the proper management of waste in households must involve and broaden the collective participation of managers in health and the environment, health care workers, urban and

Valle, ARMC, Andrade, D. community collection in debates and discussions leading to public policy proposals focused on the specifics of this activity. Moreover, the performance of the nursing staff is critical for the implementation and guidance for proper waste management of health services at home and for facing the challenges that may contribute to formulate public policies directed at this focus.³³

Legal and educational aspects of home nursing care

This topic brings together the production of knowledge related to the ethical principles governing home care, as well as the aspects of professional training to work in this context. The reading of the articles revealed the concern of the researchers in: 1- reflecting compliance with ethical principles, including on professional negligence during care in the home; 2- identifying aspects discussed in training for home care; 3- reflecting on the need for a different approach with respect to home care, seeking the awakening of the nursing faculty to teach undergraduates from new perspectives.

Nursing care at home is a strategy for health care that aims to emphasize the autonomy of the patient, as this enhances functional abilities and encourages family participation in care. The increase in the deployment of services that provide health care at home is justified by the hypertrophy of the emergency services, high hospital costs, deaths, among others.⁹

Research brings a systematic way to approach the principles of ethics, based on widespread models in the area of health care, especially in the biomedical or principlism model. This approach is known worldwide and guided by four principles: the principle of beneficence, which

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concerns the moral obligation to act on behalf of others, i.e., doing good or promoting good, as well as preventing or removing evil or harm; the principle non-maleficence, which calls above all to do no harm or damage to people; the principle of justice, ethical obligation to treat each person according to what is right and proper and give what is due to him/her; and, finally, the principle of autonomy, condition of freedom or independence to choose alternatives without any type of control and the ability of the individual to act intentionally.³⁵

When reflecting on the ethical issues in care, one realizes the need of organizations and their professionals to provide patients and their family with a service that truly fulfills the needs of health care at home, observing ethical and legal aspects hitherto concealed by the “corporate hospital cloak”, such as omissions, negligence, abuse of power and incompetence.³⁶ The principles constitute a concrete ethical framework, which presents a major methodological value, reducing uncertainties in the field of biomedical actions.

From the understanding of these principles, the relationship with these factors is found to justify the deployment of home care services. In relation to the principles of beneficence and non-maleficence, prolonged hospital stays and readmissions contribute to increase costs for the Unified Health System (SUS, as per its acronym in Portuguese), and especially to higher risk of transmission of nosocomial infection for patients, therefore justifying home care, which provides a better quality of life for individual and family.⁹

The principle of justice, since health institutions aim at reducing the costs of hospitalizations and greater use of their beds for those who really need it, the indication of home care for some users is presented as an alternative in health care. Furthermore, home care favors the

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autonomy of the patient and the family with regard to self-care in this space, since the former ceases to be the patient and the family ceases to be the companion, with everyone going through the experience of occupying a position in the family structure.⁹

With considerations about teaching for the training of competent and qualified nurses to work in home care, it is observed that the research seeks to understand and direct the faculty to the content that needs to be addressed and voted on as regards home care, in order to form future professionals capable of working in this area of nursing practice. Productions mention that in order to work in the home setting, nurses must have professional experience, scientific knowledge and the search for improvement and professional autonomy. Besides the need to understand issues related to the specifics of the individual and the family, such as: beliefs, values, habits, myths and conflicts. Therefore, it is essential that the construction of the body of knowledge is supported in disciplines that go beyond the mechanistic duty, like psychology, sociology, philosophy and education.⁸

The teaching of care should address aspects that reach beyond the physical-concrete dimensions that emphasize care as something beyond a simple act; it is an attitude. Therefore, it covers more than a movement of attention, care and dedication. It also involves feelings like busyness, worry and thus feeling responsible for each other, even developing an affective involvement. Thus, nursing education has a responsibility to prepare professionals to act differently, developing multiple capacities to act in order to meet the emerging paradigms of this century.³⁷

Considering these aspects, so that the nursing home care becomes a beneficial strategy
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for all segments of society, it is necessary to relate its development in the light of ethical principles, as well as awakening to the need to train qualified nursing professionals aware of the importance and particularities of home care, so that they can be sensitive to the important difference that nurses can make in this scenario.

CONCLUSION

The search for the formation of knowledge in the areas of care, teaching and nursing research have advanced greatly in recent years. As a result, analysis and discussion of the scientific production of nurses is critical in the development and expansion for the dissemination of nursing knowledge.

This research provided a reflection on nursing home care, highlighting its importance as a profession essentially present and rising in this context, since it promotes many benefits for individuals and their families to feel fulfilled responsibly and competently.

It is inferred, in this review study, that research and tools to lead the provision of nursing home care are still incipient, especially those related to infection control, since no production has approached this theme broadly and specifically targeted to the area of nursing, only two articles dealt with the biological risks to the health care team and the appropriate solid waste management of health services at home, respectively. This fact favors studies on the topic, since home care nursing is represented in public and private health services and requires knowledge, dedication and for the professional to work safely.

It is understood that nursing should expand its research into the prevention and control of infections in home care as well as other aspects,

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and thus contribute to the dissemination of knowledge of the profession and to recognize the need to include this subject in vocational training, since this form of care is on the rise and that the nurse, being responsible for it, needs training to deliver humane and quality care.

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